

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002429

FILED  
Sep 02, 2008  
Secretary of State

Entity Name: NAVARRO DISCOUNT PHARMACY, LLC

**Current Principal Place of Business:**

9400 N.W. 104 STREET  
MIAMI, FL 33173

**New Principal Place of Business:**

9400 N.W. 104 STREET  
MEDLEY, FL 33174

**Current Mailing Address:**

9400 N.W. 104 STREET  
MIAMI, FL 33173

**New Mailing Address:**

9400 N.W. 104 STREET  
MEDLEY, FL 33174

FEI Number: 65-0204207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PICO, MARTIN  
9400 N.W. 104 STREET  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

MEYERSON, TIM  
9400 N.W. 104 STREET  
MEDLEY, FL 33174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIM MEYERSON

09/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: NAVARRO, JOSE F  
Address: 9155 S. DADELAND BLVD., SUITE 1216  
City-St-Zip: MIAMI, FL 33156 US

Title: MR ( ) Change (X) Addition  
Name: FERNANDEZ, MIGUEL B  
Address: 121 ALHAMBRA PLAZA, SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIELA ALMANZA

MS

09/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date